

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/10/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>5</i>	<i>10-19-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>M1</i>	<i>825</i>	<i>2/31/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 — Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	1	1	
2	2	2	
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

RESP
7C876
07-31-01